

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **34530**

FILED SEP 24 1957

BIRTH NO. _____		REG. DIST. NO. <u>326</u>		PRIMARY REG. DIST. NO. <u>6107</u>		Registrar's No. <u>134</u>	
1. PLACE OF DEATH a. COUNTY <u>Scotland</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scotland</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Granger</u> <i>Thomson</i>		c. LENGTH OF STAY (in this place) <u>12 yrs.</u>		c. CITY OR TOWN <u>Granger</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>0990</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>		b. (Middle) <u>Samuel</u>		c. (Last) <u>Couchman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 15, 1957</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 20, 1878</u>		9. AGE (in years last birthday) <u>79</u> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 14 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>0</u> <u>Lewis County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Michael Couchman</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Leslie</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Couchman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <i>Anna Couchman</i> <u>Anna Couchman</u>		ADDRESS <u>Granger, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the liver.</u> INTERVAL BETWEEN ONSET AND DEATH <u>Indefinite.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1561</u>				20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>6/29</u> , 19 <u>52</u> , to <u>8/27</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>8/27</u> , 19 <u>57</u> , and that death occurred at <u>9 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>Clara O. Tillman</i> <u>MD</u> (Degree or title)				23b. ADDRESS <u>Bloomfield, Iowa</u>		23c. DATE SIGNED <u>9/20/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Sept. 17, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Greensburg, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Greensburg, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-21-57</u>		REGISTRAR'S SIGNATURE <i>Vern G. Turner</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Lucretia Baker</i>		ADDRESS <i>Thompson</i>	

(Licensed Embalmer's Statement on Reverse Side)

SEP 25 1951

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Fred Kuth*

Licensed Embalmer No. *4258*

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.